

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>	Attorney Docket No.	245463US2SX DIV
	First Inventor or Application Identifier	Takeo ITO
	Title	ELECTRON SOURCE DEVICE, METHOD OF MANUFACTURING THE SAME, AND FLAT DISPLAY APPARATUS COMPRISING AN ELECTRON SOURCE DEVICE

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents	ADDRESS TO: Commissioner for Patents Mail Stop Patent Application Alexandria, Virginia 22313
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1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing) 2. <input checked="" type="checkbox"/> Specification Total Sheets 26 3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) Total Sheets 2 4. <input checked="" type="checkbox"/> Oath or Declaration Total Pages 6 a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d)) (for continuation/divisional with box 17 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b). 5. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification or Sequence Listing on : i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies	ACCOMPANYING APPLICATION PARTS 7. <input checked="" type="checkbox"/> Assignment Papers (Reel # 012319 – Frame # 0961) 8. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 9. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of (when there is an assignee) Attorney 10. <input type="checkbox"/> English Translation Document (if applicable) 11. <input checked="" type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations 12. <input checked="" type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> White Advance Serial No. Postcard 14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 15. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 16. <input checked="" type="checkbox"/> Other: Request for Priority
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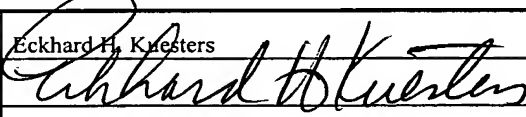
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The PTO did not receive the following
 listed item(s) DECLARATION

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:
☐ Continuation ☒ Divisional ☐ Continuation-in-part (CIP) of prior application no.: 09/990,267
 Prior application information: Examiner: GUHARAY, KARABI Group Art Unit: 2879

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is
 considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon
 when a portion has been inadvertently omitted from the submitted application parts.

18. CORRESPONDENCE ADDRESS Customer Number <div style="font-size: 1.2em; font-weight: bold;">22850</div> (703) 413-3000 FACSIMILE: (703) 413-2220	
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Name:	Eckhard H. Kuesters	Registration No.:	28,870
Signature:		Date:	11/18/03
Name:		Registration No.:	

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U.S. PD

Docket No. 245463US2SX DIV

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Takeo ITO, et al.

SERIAL NO: New Application

FILING DATE: Herewith

FOR: ELECTRON SOURCE DEVICE, METHOD OF MANUFACTURING THE SAME, AND FLAT
DISPLAY APPARATUS COMPRISING AN ELECTRON SOURCE DEVICE

FEE TRANSMITTAL

COMMISSIONER FOR PATENTS
ALEXANDRIA, VIRGINIA 22313

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	6 - 20 =	0	x \$18 =	\$0.00
INDEPENDENT CLAIMS	1 - 3 =	0	x \$86 =	\$0.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$290 =	\$0.00
<input type="checkbox"/> LATE FILING OF DECLARATION			+ \$130 =	\$0.00
BASIC FEE				\$770.00
TOTAL OF ABOVE CALCULATIONS				\$770.00
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<input type="checkbox"/> FILING IN NON-ENGLISH LANGUAGE			+ \$130 =	\$0.00
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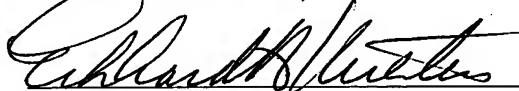
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☒ The Director is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check or credit card payment is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND,
MAIER & NEUSTADT, P.C.



Eckhard H. Kuesters

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